



Community Assistance CSBG Day Camp Scholarship Program



The Community Services Block Grant (CSBG) will provide **Day Camp Scholarships** to eligible campers. The purpose of the Day Camp Scholarship Program is to provide a safe environment for youth during the summer months. Additionally, this program will enable youth to avoid risk-taking behavior for a defined period of time.

To be eligible for this program the applying household must meet the minimum criteria below:

- Household must reside in Seminole County
- Household's income must be at or below 125% of the Federal Poverty Limit (see chart below)

In addition, the household's child(ren) must meet the following criteria to be determined eligible:

- Child(ren) must reside in Seminole County (at least 50% of the time or full-time during the summer months); and
- Child(ren) must be between the ages of four (4) and fifteen (15) - depending on the day camp provider selected.

125% of Federal Poverty Limit (Effective 4/1/2013)

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$14,363	\$19,388	\$24,413	\$29,438	\$34,463	\$39,488	\$44,513	\$49,538

Day Camp Scholarships range from one (1) week to a ten (10) week program, depending on the day camp provider chosen. Please see the CSBG Day Camp Scholarship Pre-Application for a list of the eligible day camps.

Applications are available in the Seminole County Community Assistance Office or online at www.seminolecountyfl.gov/commsrvs/commasst/. Pre-Applications will be accepted beginning Monday, February 18, 2013 at 8 a.m. in the Seminole County Community Assistance Office. Pre-Applications will be accepted on a first ready, first served basis, pending funding availability.

The Seminole County Community Assistance Office is located at 534 West Lake Mary Boulevard, Sanford, Florida, 32773. For more information, please call (407) 665-2300.

Community Assistance Community Services Block Grant (CSBG) Day Camp Scholarship Pre-Application

(Please print legibly in dark ink)

Head of Household		Social Security Number		Date of Birth	Race	Age
Address		Apt. #	City Zip Code	Phone Number		Email Address
Co-Head of Household		Social Security Number		Date of Birth	Race	Age

Additional Members in Household (If necessary, use additional paper for more household member names)

Name(s)	Social Security #	Date of Birth	Age	Relationship
1				
2				
3				
4				

GROSS MONTHLY HOUSEHOLD INCOME

Gross Income from Employment: \$	Income from Unemployment Benefits: \$
Income from Social Security Benefits: \$	Income from Cash Assistance: \$
Income from Child Support: \$	Other Household Income: \$

DAY CAMP SCHOLARSHIP

Below is a list of the available day camps for the CSBG Day Camp Scholarship program. Place the eligible camper(s) name in the space provided by the camp that you wish to attend. Please indicate the number of weeks your child will be attending during the summer. Only one scholarship will be available per camper.

Camp & Location	Dates	Camp Hours	Camp Length	Eligible Ages	Campers Name	Number of Weeks your child would attend
City of Altamonte Springs Westmonte Recreation Center	June 3 – August 2	7:00AM – 6:00PM	9 weeks	6 to 12		
City of Altamonte Springs Teague Middle School	June 3 – August 2	8:00AM – 5:00PM	9 weeks	13 to 15		
City of Casselberry Casselberry Elementary	June 3 – July 26	7:00AM – 6:00PM	8 weeks	5 to 11		
City of Longwood Longwood Elementary	June 3 – August 2	7:30AM – 6:00PM	9 weeks	Entering 1 st Grade-8 th Grade		
City of Oviedo Riverside Park	June 3 – August 9	7:30AM – 6:00PM	10 weeks	Entering 1 st Grade-8 th Grade		

City of Winter Springs Winter Springs Civic Center	June 3 – August 2	7:30AM – 5:30PM	9 weeks	6 to 12		
Seminole County Leisure Services Ed Yarborough Nature Center	June 3 – August 2 (No camp July 1- July 5)	7:30AM – 5:30PM	8 weeks	7 to 12		
City of Sanford Riverwalk Academy	June 10 – August 2	7:30AM – 5:30PM	8 weeks	7 to 13		
Sheriff's PAL Program Juvenile Enforcement Center	June 3 – August 2	7:00AM – 6:00 PM	9 weeks	Entering K (completed VPK) to 8 th grade		
Seminole County School Board Stenstrom Elementary Red Bug Elementary Crystal Lake Elementary Spring Lake Elementary	June 3- August 2	7:00 AM- 6:00 PM	9 weeks	K- 5 th Grade		

All programs are open to all without regard to race, color, national origin, sex, handicap, familial status, or religion. Assistance is provided according to the availability of funding; some restrictions apply. We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the need of homeless individuals. We only collect information that we consider to be appropriate.

I certify that all information I have provided above is true and correct. I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided.

Head of Household Signature: _____ Date: _____
Co-Head of Household Signature: _____ Date: _____
Other Adult Signature: _____ Date: _____
Other Adult Signature: _____ Date: _____

COMMUNITY ASSISTANCE USE ONLY

CUSTOMER SERVICE REPRESENTATIVE: _____
CASE MANAGER: _____

TIME/DATE STAMPED:



Community Assistance CSBG Day Camp Mandatory Orientation



The Community Services Block Grant (CSBG) will provide **Day Camp Scholarships** to eligible campers. The purpose of the Day Camp Scholarship Program is to provide a safe environment for youth during the summer months. Additionally, this program will enable youth to avoid risk-taking behavior for a defined period of time.

Mandatory Orientation: April 9, 2013, April 23, 2013, May 7, 2013, and May 21, 2013
at 10:00 a.m. and 2:30 p.m. at the Community Services/Community Assistance
Division Large Conference Room located at:
534 W. Lake Mary Blvd., Sanford, FL 32773
Please Call (407) 665-2300 to RSVP (limited Seating)

Attendees must bring the following documents to Orientation:

- Please complete the enclosed application and bring to scheduled orientation
- Valid Florida ID or Valid Florida Driver's License for all household members 18 years of age or older
- Social Security Cards and Birth Certificates for all household members
- 2 Forms of Verification of Residency (Current Mortgage Statement /Current Lease Agreement signed by all parties and current utility bill dated within the last 30 days (electric, water or gas) in customers name or other adult in the household
- Documentation of all household income for the past 30 days (This includes earnings, child support, cash assistance, social security benefits, pensions, etc)

In addition, the household's child(ren) must meet the following criteria to be determined eligible:

- Child(ren) must reside in Seminole County (at least 50% of the time or full-time during the summer months); and
 - Child(ren) must be between the ages of four (4) and fifteen (15) - depending on the day camp provider selected.



SEMINOLE COUNTY COMMUNITY ASSISTANCE APPLICATION FOR ASSISTANCE

All sections of the application **must** be completed; if a section does not apply to your household, enter "N/A."

PLEASE CHECK ASSISTANCE APPLYING FOR

All documents listed on pages 7 through 10 that correspond with the assistance you are applying for must be enclosed with the application.

- | | | | |
|---------------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Good Neighbor | <input type="checkbox"/> Training |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Utility | <input type="checkbox"/> EHEAP | <input type="checkbox"/> Deposit |
| <input type="checkbox"/> Other: _____ | | | |

(Please Print Clearly)

Applicant		Co-Applicant (Spouse or member 18 & older)
Full Name:		
Age & Date of Birth:		
Social Security #:		
Gender: Circle One	Male or Female	Male or Female
Relationship of Co-Applicant to Applicant:		
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative		
Ethnicity/Special Needs: (For reporting purposes only, please check all that apply for Head of the Household Only)		
White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>		
Farm Worker <input type="checkbox"/> Disabled <input type="checkbox"/> or Disabled Minor <input type="checkbox"/> Elderly <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____		
Applicant Street & Mailing Address:		
Street Address:		Rent <input type="checkbox"/> Own <input type="checkbox"/> State:
City:		City Limit <input type="checkbox"/> Unincorporated <input type="checkbox"/> Zip:
Mailing Address (if different):		State:
City:		Zip:

Telephone Number: _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Marital Status: ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed

OTHER MEMBERS IN THE HOUSEHOLD

Name	Date of Birth	Age	Relationship to Applicant	Social Security Number

*If additional space to list household members is needed please attach information to the back of this application.

Applicant Employment Information:

Current/Last Employer Name:		Phone Number:	
Address:			
Supervisor:		Fax Number:	
Position:	Start Date:	End Date:	

Co-Applicant Employment Information:

Current/Last Employer Name:		Phone Number:	
Address:			
Supervisor:		Fax Number:	
Position:	Start Date:	End Date:	

*If additional space to list employment information is needed please attach information to the back of this application.

INCOME RECEIVED MONTHLY

List the amount of income received monthly in column two by the source of income listed in column one. If income is listed in column one then the documents listed in column three are required if applicable. Column three lists the required documents of the various income sources listed in column one. **Forms**, in bold, are available in the Community Assistance Office or online with the application. The Community Assistance Office can notarize required documents below.

Column One	Column Two	Column Three Client will also have the option to use 3rd Party Verification if source is not available or more information is required to clarify income and assets. The client is responsible for any costs associated with the completion of 3rd Party Verifications . <i>The Deposit Program requires 3rd party verifications.</i>
Employment	\$	Provide last 90 days of Pay Stubs. All adults (18 years of age or older) in the household who are currently claiming no income, must sign and notarize a Verification of No Monthly Income form
AFDC/TANF/ (Cash Assistance)	\$	AFDC/TANF (Aid to Families with Dependent Children/Temporary Assistance for Needy Families) Printout or current decision letter from the Department of Children and Families. Provide Decision Notice or Printout
Social Security, SSI, SSDI, Pensions (VA, Military, Retirement)	\$	Provide a copy of current year Award or Benefit Statement. <i>A statement is required for <u>each</u> household member receiving benefits. (Provide current year award letters)</i>
Unemployment Compensation	\$	All adults (18 years of age or older) in the household who are currently receiving unemployment, must sign and have notarized a DEO/AWI (form). (Provide last 90 days of stubs or printout)
Alimony/ Child Support	&	Divorce Decree or Court Order and child support and/or <i>alimony payment schedule if applicable, (must show Child Support); or</i> Provide a notarized letter from the person paying support; <i>only if the support is not court ordered; or</i> Provide a printout from the court or government agency through which payments are being made for the last 90 days. (Last 6 months print out is required for deposits).
FOOD STAMP ASSISTANCE	\$	Monthly food stamp assistance from the State of Florida for single adults and families.
Business or Rental Net Income	\$	Provide a copy of the last quarter's profit and loss statement; and provide last three (3) months/ninety (90) days of the business bank statements.
Workmen's Compensation	\$	Provide documentation from employer of amount and frequency of workmen's compensation. (Provide last 90 days of pay stubs)
Short- or Long- Term Disability	\$	Provide documentation from employer of amount and frequency of disability compensation. (Provide last 90 days of pay stubs)
Recurring Contributions and Gifts	\$	Provide a letter stating the amount and frequency of payment from the bank, attorney, or a trustee providing required verification; or A Verification of Recurring Cash Contributions (form) must be completed by the payee.
Other	\$	Please provide documents of all other source of income in the household.

EXPENSES PAID MONTHLY

Childcare or Child Support Payments	\$	Car Insurance	\$
All Loan(s) other than Car, Real Estate, Mortgage and Student Loans	\$	Medical	\$
Rent, Real Estate & Mortgage Loans	\$	Food	\$
Electric & Water & Gas	\$	Gas (Automobile)	\$
Phone – (Including Cell Phone & Cable)	\$	All Credit Cards	\$
Car Payment(s)	\$	Student Loan(s) Other	\$

ASSETS AND ASSET INCOME

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a **Verification of No Financial Accounts** (form). **(Please provide the last 3 months of Bank Statements or benefit statements)**

Type of Asset	Financial Institution	Account #
1.		
2.		
3.		
4.		

*If additional space to list assets is needed please attach information to the back of this application.

ADDITIONAL QUESTIONS

Please read and answer all questions below, additional documents are required for questions with an asterisk *.

Forms, in bold, are available in the Community Assistance Office or online with the application.

*Are copies of valid Florida Photo ID or valid Florida Drivers License for all adult household members (18 years of age or older) attached to the application? ☐ Yes ☐ No

*Are copies of Social Security Cards **and** birth certificates for all household members attached to application? ☐ Yes ☐ No

*Are you an employee or related to an employee of Seminole County Government? If yes, please list the relationship: _____ ☐ Yes ☐ No

CITIZENSHIP/RESIDENCY:

Are you a U.S. citizen? ☐ Yes ☐ No

*If no, are you a permanent resident of the U.S.? (If yes, a copy of the resident card must be provided.) ☐ Yes ☐ No

LIVING ARRANGEMENTS:

*Is this a Section 8, Subsidized, TBRA or Public Housing Rental? ☐ Yes ☐ No

***Note: Rent and Utility assistance cannot be provided to customers who have Section 8, TBRA, Shelter Plus Care or are with a Housing Authority**

Are you homeless? ☐ Yes ☐ No

If yes, what are your current living arrangements? ☐ homeless shelter/facility ☐ other, please state: _____

HEALTH:

Do you have Dental Insurance or a discount plan/policy? ☐ Yes ☐ No

Do you have Vision Insurance or a discount plan/policy? ☐ Yes ☐ No

Do you have Medicaid Insurance? ☐ Yes ☐ No

Do you have Medicare Insurance? ☐ Yes ☐ No

EDUCATION:

Are you a high school graduate? ☐ Yes ☐ No

If yes, year of graduation: _____ If no, highest grade completed: _____

Please list any college degrees or vocational training you have completed: _____

Is Applicant, Co-Applicant, or any other household member 18 or older a full-time student? ☐ Yes ☐ No

*If yes, please list member(s) and provide supporting documentation if applying for Self-Sufficiency Program: _____

EMPLOYMENT:

Are you currently seeking employment? ☐ Yes ☐ No

If no, explain: _____

VETERAN:

Are you a Veteran or Spouse/Dependent of a Veteran?

☐ Yes ☐ No

If yes to either question, may our Veteran Service Officer contact you?

☐ Yes ☐ No**REASONABLE ACCOMODATIONS:**

Hearing impaired: Do you need TTD/TDY access to our staff?

☐ Yes ☐ No

Do you require accommodations for a disability?

☐ Yes ☐ No

If yes, what accommodations do you need? _____

Please complete if applying for the Training Program only:

Institution Name:				Program Name:			
This Program will enable me to (circle one): Attain Employment Maintain Employment Increase Income and/or Benefits							
Anticipated Enrollment Date:				Anticipated Graduation Date:			
Tuition Amount:	\$	Cost of Books:	\$	Cost of Training Supplies:	\$		

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the need of homeless individuals. We only collect information that we consider to be appropriate.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided, the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided. The undersigned further understands that providing false representations herein constitutes an act of fraud. **Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.**

***The Applicant and Co-Applicant must sign below.**

Applicant Signature

Date

Co-Applicant Signature

Date

Other Adult Member Sign Your Name

Other Adult Member Sign Your Name

THIS SECTION FOR OFFICIAL USE ONLY

PROGRAM	<input type="checkbox"/> SHIP <input type="checkbox"/> BCC	<input type="checkbox"/> EHEAP <input type="checkbox"/> CDBG	<input type="checkbox"/> ESGP <input type="checkbox"/> CSBG	<input type="checkbox"/> SCU <input type="checkbox"/> EFSP	<input type="checkbox"/> ADDI <input type="checkbox"/> TBRA
Staff Signature:					
Approved:					
Denied:					
Award Amount:					
Reason:					
Appealed: NO <input type="checkbox"/> YES <input type="checkbox"/>					

SEMINOLE COUNTY COMMUNITY ASSISTANCE AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, do not use white-out.

I _____, the undersigned, hereby authorize
_____ to release by third party, without liability, information

(Leave this line blank, agency to complete)

in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Assistance Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested. **This authorization is valid up to one year from date signed.**

TYPES OF INFORMATION TO BE VERIFIED:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/individuals who may be asked to provide written/oral verifications are, but not limited to:

Past and Present Employers	Welfare Agencies/Other Social Service	Veterans Administration
Past and Present Landlords <i>(including Public Housing Agencies-TBRA/Section 8)</i>	Agencies and Non Profit Agencies	Retirement Systems
Support and Alimony Providers	State Unemployment Agencies	Banks and other Financial Institutions
Hospitals/Doctors/Pharmacies/Clinics	Social Security Administration	Religious Organizations
Funeral Homes and Crematories	Utility Companies	

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign Your Name _____ Print Your Name _____ Date _____

Co-Applicant Sign Your Name _____ Print Your Name _____ Date _____

Other Adult Member Sign Your Name _____ Print Your Name _____ Date _____

Other Adult Member Sign Your Name _____ Print Your Name _____ Date _____

Note: This general consent may not be used to request a copy of a tax return or medical records.

HARDSHIP LETTER

(Explanation of Loss of Income)